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CONFIRMATION NO. 4526

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10/612,600		536	1648	011068-015-999

APPLICANTS

Neil T. Parkin, Belmont, CA;
 Ellen Paxinos, San Jose, CA;
 Colombe Chappay, San Francisco, CA;
 Mary T. Wrin, Fremont, CA;
 Andrea Gamarnik, Chandler, AZ;
 Christos J. Petropoulos, Half Moon Bay, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/393,234 07/01/2002

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

11/06/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	9	21	5

ADDRESS

JONES DAY
 222 East 41st Street
 New York, NY 10017-6702
 UNITED STATES

TITLE

Method for determining human immunodeficiency virus type 1 (HIV-1) hypersusceptibility to the protease inhibitor amprenavir.

FILING FEE RECEIVED 533	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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